ASSISTANCE TO RESIDENTS IN COUNTY HOMES / ROOM AND BOARD ASSISTANCE BUDGET AND RECOMMENDATION

State Form 31759 (R2 / 5-96) / BAIS 0005B

Name of county

Name of applicant / recipient (*first, middle, last*)	Case number	Social Security number

Home address (*number and street, city,state, ZIP code*)

Name of spouse of applicant / recipient	Is the spouse an applicant / recipient of ARCH / RBA? ☐ Yes ☐ No

Address of spouse of applicant / recipient (*number and street, city, state, ZIP code*)

Name of ARCH / RBA facility

ARCH / RBA facility address (*number and street, city, state, ZIP code*)

Name of guardian or responsible person

Guardian's address (*number and street, city, state, ZIP code*)

Date budget computed (*Add "D" for desk review only*)	HIB number	Name of health insurance company	Policy number

RECOMMENDATION AND COUNTY DIRECTOR'S ACTION

Application date	Date entered ARCH / RBA facility	ARCH / RBA effective date	Reason for adverse action

☐ **APPROVED**

ARCH / RBA AWARD	ARCH / RBA LIABILITY	EFFECTIVE DATE
$	$	
$	$	
$	$	
$	$	

☐ **DENIED**

EFFECTIVE DATE ▶

☐ **CONTINUED** ARCH / RBA liability ▶ $

☐ **DISCONTINUED**

☐ **SUSPENDED UNTIL ....** ▶

MEDICAID INFORMATION

EFFECTIVE DATE	ACTION
	☐ **APPROVED**
	☐ **DENIED** Reason for denial:_____
	☐ **CONTINUED**
	☐ **DISCONTINUED** Reason for discontinuance: _____

Legal citation

Signature of caseworker	Date signed
Signature of director	Date signed

(*Continued on the reverse side*)

BUDGET COMPUTATION		
1. Unearned Income of Applicant / Recipient (A / R)	$	
2. Net earned income of A / R (From Table 2)	+	
3. Deemed income of ineligible spouse (Line 6 from Table 1)	+	
4. TOTAL (Lines 1 and 2 or 1, 2 and 3)	$	
5. Personal Needs Allowance		███████
6. Liability (Subtract Line 5 from Line 4)	$	
7. Subtract ARCH / RBA rate	-	
8. Deficit		
9. Surplus		
10. ARCH / RBA Award	$	

TABLE 1 - DEEMED INCOME OF INELIGIBLE SPOUSE	
1. Countable income of ineligible spouse	$
2. Subtract personal needs allowance	-
3. Subtract ARCH / RBA rate	-
4. Surplus income of ineligible spouse	=
5. Subtract ineligible spouse's medical expenses	-
6. Deemed income to eligible spouse	=

VERIFICATIONS AND COMPUTATIONS

TABLE 2 - DETERMINATION OF NET EARNINGS			
	A	B	C
1. Name(s)			
2. Gross earnings	$	$	$
3. Expenses (List as applicable)	███████		
4. Total expenses	$	$	$
5. Net earnings	$	$	$